

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/763421** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4	21		1			
5	12		1			
6	12		1			
7	12		1			
8	12		1			
9	12		1			
10	21		1			
11	12		1			
12	12		1			
13	12		1			
14	21		1			
15	12		1			
16					1	
17					1	
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TOTAL IND.	2		2		2	
TOTAL DEP.	13	↓	13	↓	23	↓
TOTAL CLAIMS	15		15		26	

*		*	
IND.	DEP.	IND.	DEP.
61			
52			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS			